



# Enhancing Communication Skills

## *When Managing Suicidal Behavior Among People of Color*

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# INTRODUCTION

Suicide is a taboo subject among many cultures, but the denial of mental health disorders runs rampant among African Americans (Suicide Among African Americans, 2011). Many are afraid of the stigma attached to mental health treatment, opting instead for a more spiritual approach.

According to the Centers for Disease Control and Prevention, the suicide rate for Black Americans of all ages was 5.25 per 100,000, nearly half of the overall U.S rate of 10.75 per 100,000 between 2000 and 2004. Black males from ages 20 to 24 had the highest rates of suicide in the Black population, averaging 18.18 per 100,000 (Nealy 2007).

According to a Pentagon report, African Americans returning from Iraq and Afghanistan are at greatest risk for suicide. Although African American males are at the highest risk, African American women have also taken their own lives during these wars (Stephens, 2010).

The **Suicide Assessment Five-Step Evaluation and Triage** Program (**SAFE-T**) may be used to help assess the likelihood of suicide.

1. **Identify Risk Factors**
2. **Identify Protective Factors**
3. **Conduct Suicide Inquiry**
4. **Determine Risk Level/Intervention**
5. **Document**

Our success in the field of mental health depends on our ability to provide appropriate services to a culturally diverse population by enhancing our communications skills. A possible treatment equation and explanation are explained in the presentation.

# TIMELY UPDATE

Robert Burns, an AP National Security Writer, reported on June 7, 2012 that suicides are surging among America's troops, averaging nearly **one a day** this year — the fastest pace in the nation's decade of war. The numbers are rising among the 1.4 million active-duty military personnel despite years of effort to encourage troops to seek help with mental health problems. Many in the military believe that going for help is seen as a sign of weakness and thus a potential threat to advancement.

Jackie Garrick, head of a newly established Defense Suicide Prevention Office at the Pentagon, said on Thursday that the suicide numbers this year are troubling. "We are very concerned at this point that we are seeing a high number of suicides at a point in time where we were expecting to see a lower number of suicides," she said, adding that the weak US economy may be confounding preventive efforts even as the pace of military deployments eases. (Aljazeera 6/7/12)

The renewed surge in suicides has caught the attention of Defense Secretary Leon Panetta. Last month he sent an internal memo to the Pentagon's top civilian and military leaders in which he called suicide "one of the most complex and urgent problems" facing the Defense Department, "We must continue to fight to eliminate the stigma from those with post-traumatic stress and other mental health issues," Panetta wrote, adding that commanders "cannot tolerate any actions that belittle, haze, humiliate or ostracize any individual, especially those who require or are responsibly seeking professional services." (AP, 6/7/12)

# **CULTURAL INTERVIEWING**

## **TREATMENT EQUATION**

**CULTURAL INTERVIEWING =**

**Multicultural Theory + Motivational Interviewing**

**+ Beck Depression Inventory / Suicide Assessment**

# MULTICULTURAL THEORY

- Research shows clients from ethnic minority groups are the least likely to make use of counseling services. (NGRF)
- Possible explanation: it is an ethnocentric activity, based on the values of the white middle classes.
- Each individual brings everything to counseling that is an integral part of their culture.

- Each individual brings all integral parts of their culture to counseling.
- Each culture has its own uniquely acquired ways of construing its own world.
- Worldviews are highly correlated with a person's upbringing and life experiences.
- Within each culture there exists a plurality of values and traditions.

- Many in the mental health field continue to be ethnocentric, as well as continuing to see the Eurocentric theories as universally applicable.
- This approach tends to alienate those from other cultures.
- A multicultural approach to counseling challenges the assumption that one style of interviewing is universally applicable to all patients.
- Heightened emphasis now on the damaging effects of racial biases inherent in the mental health field.
- Critical need for developing culture-specific communication styles for culturally different patients.

# CULTURAL COMPETENCY VS. PROFICIENCY

While the ideal scenario would be proficiency in Multicultural Theory, competency is something we should first concentrate on for all counselors.

## What is Cultural Competency?

- Competency includes those aspects that need to be included in a training program.
- Competency Training breaks down into 3 distinct parts:
  - Skills
  - Knowledge
  - Attitude

In short, **Multicultural Counseling Competency** is defined as:

The counselor's acquisition of awareness, knowledge and skills needed to function effectively (ability to communicate, interact, negotiate and intervene on behalf of clients from diverse backgrounds) and to advocate effectively to develop new theories, practices, policies and organizational structures that are more responsive to all groups (D.W. Sue 2001).

# What is Cultural Proficiency?

- Cultural Proficiency relies on the values and behaviors that enable a counselor to interact effectively in a culturally diverse environment.
- Five essential elements for cultural proficiency (Banks, JA (1988):
  - Value Diversity
  - Capacity for Cultural Self Assessment
  - Managing the Dynamics of Difference
  - Adaptations
  - Institutionalize Cultural Knowledge

- Major difference between Cultural Competency and Cultural Proficiency:
  - With **competency**, you can master all the competencies and still not produce the desired results with the patient.  
\*\*There is no mastery of the concepts.
  - With **proficiency**, the end result is completely spelled out and training doesn't end until the counselor thoroughly understands the concepts.

**It isn't about being colorblind,  
but rather acknowledging differences and  
honoring a person's race and culture  
when providing counseling.  
It's a case of celebrating  
other people's diversity  
and understanding that multiculturalism  
is an integral part of counseling.**

# MOTIVATIONAL INTERVIEWING (MI)

## What is “Motivational Interviewing?”

“**Motivational Interviewing**” is a collaborative, person-centered form of counseling intended to elicit and strengthen motivation for change.

There are 3 essential elements to “Motivational Interviewing:”

- MI is a particular kind of conversation about change with the patient
- MI is collaborative (person-centered)
- MI is evocative (seeks to call for the patient’s own motivation and commitment)

## **Why does the patient benefit from “Motivational Interviewing?”**

Because “Motivational Interviewing” is a collaborative effort to strengthen the patient’s own motivation for, and commitment to, change.

## **Why would a mental health provider use “Motivational Interviewing?”**

Because “Motivational Interviewing” is a person-centered counseling method for addressing the common patient problem of ambivalence about change.

# **To Achieve A Reasonable Level Of Success, The Mental Health Provider Should:**

## **Express Empathy**

Empathy involves seeing the world through the patient's eyes, thinking about things as the patient thinks about them, feeling things as the patient feels them, sharing in the patient's experiences.

## **Support Self-Efficacy**

Counselors must support self-efficacy by focusing on previous successes and highlighting skills and strengths that the patient already possesses.

## **Roll with Patient Resistance**

Counselors may avoid resistance by not confronting the client and when resistance does occur, they work to de-escalate and avoid a negative interaction, instead "rolling with it."

## **Develop Discrepancy**

Counselors should help patients examine the discrepancies between their current circumstances/behavior and their values and future goals.

# THE BECK DEPRESSION INVENTORY (BDI)

1. A series of questions developed to measure the intensity, severity, and depth of depression in patients with psychiatric diagnoses
2. Long form composed of 21 questions, each designed to assess a specific symptom common among people with depression
3. Assesses mood, pessimism, sense of failure, self-dissatisfaction, guilt, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, body image, and many others.
4. Shorter form composed of 7 questions and is designed for administration by primary care providers. Each question correlates to a symptom of major depressive disorder experienced over the preceding two weeks.
5. Used for over 35 years and proven highly reliable

# SCORING AND RESULTS

- **People who have already been clinically diagnosed:**
  - scores from 0 to 9 represent minimal depressive symptoms
  - scores of 10 to 16 indicate mild depression
  - scores of 17 to 29 indicate moderate depression
  - scores of 30 to 63 indicate severe depression.
- **General Population** - a score of 21 or over represents depression

When using the “**Beck Depression Inventory**” or conducting a Suicide Assessment, ask the service member to place a check alongside any questions where race would impact their response. For example, if they indicated *"I feel my future is hopeless and will only get worse,"* does being African American increase this feeling in any way?

**POSSIBLE CHANGES/ADDITIONS  
TO SOME QUESTIONS ON  
BECK'S DEPRESSION INVENTORY  
TO HELP ADDRESS OUR  
RACIALLY DIVERSE POPULATION**

# REFERENCES

- Aljazeera, (June 8, 2012). Surge in suicides among US soldiers.  
<http://www.aljazeera.com/news/americas/2012/06/2012689549304932.html>
- Associated Press, Robert Burns (June 7, 2012). Suicides Are Surging Among U.S. Troops
- Banks, J.A. (1988). Multiethnic Education: Theory and Practice. 2nd ed. Boston: Allyn and Bacon.
- Nealy, J. Michelle (2007) Addressing “Anxiety, Depression and Suicide Among HBCU Students”, *Diverse Issues in Higher Education*  
<http://diverseeducation.com/article/10018/>
- NGRF (National Guidance Research Forum) “*Multicultural Counseling*”  
<http://www.guidance-research.org/>
- Sue, D.W. (2001). Multidimensional facets of cultural competence. *Counseling Psychologist*, 29(6), 790-821
- Stephens, Stephen PhD., (2010). African Americans in Military Have Highest Suicide Risk <http://rollingout.com/politics/african-americans-in-military-have-highest-suicide-risk/>
- Suicide Among African Americans (2011).  
<http://www.facebook.com/pages/Suicide-Among-African-Americans/101552989919878>